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MASSACHUSETTS REHABILITATION COMMISSION

LONG RANGE PLAN

FISCAL YEAR

1991 TO 1995

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ELMER C. BARTELS
COMMISSIONER OF REHABILITATION

MASSACHUSETTS REHABILITATION COMMISSION

LONG RANGE PLAN

FISCAL YEAR

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FOREWORD

The Long Range Plan of the Massachusetts Rehabilitation Commission is prepared to provide the reader with a vision of the mission and purpose of the Agency and its services for people with disabilities.

The Long Range Plan is organized from a series of mission and goal statements that present the service and administrative overview of the Agency's mandate. This mandate has been established through the definitions in State and Federal law and further refined by the compact that has been developed over the years between the Agency, its clients, disability advocates, vendors, legislators, employees, and the public.

The goals of the Long Range Plan are reflected throughout the operation of the Agency. These goals are addressed in the Annual Plan (the Agency's specific goals and objectives established for each year). Accomplishments and achievements made by the Agency in accordance with the Long Range Plan are identified in the Agency's Annual Report.

The Long Range Plan includes an overall mission statement, and a set of guides or principles and operational goals. A mission statement, goals and objectives are specified for each of the three divisions within the Agency. These divisions are the Vocational Services Division, the Independent Living Division and the Disability Determination Services Division. A narrative introduction for each division describes the general purpose and function for that division and highlights significant developments and achievements in the past several years.

Finally, important information relating to the Agency's legal authority, Agency budget and organization is included in appendices.

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ELMER C. BARTELS
COMMISSIONER

The Commonwealth of Massachusetts

Executive Office of Human Services

Massachusetts Rehabilitation Commission

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PRINCIPLES OF OPERATION

MISSION

The purpose of the Massachusetts Rehabilitation Commission is to provide comprehensive services which maximize quality of life and economic self-sufficiency for for people with disabilities. This is accomplished through multiple programs including Vocational Rehabilitation, Independent Living Rehabilitation and Disability Determination for Social Security Benefits.

PHILOSOPHY TOWARD PEOPLE WE SERVE

The Massachusetts Rehabilitation Commission serves people with disabilities in a manner which respects their inherent self worth and dignity. We encourage people with disabilities to direct their own lives and to make their own decisions. We are committed to assisting them in their endeavors through mutual participation and communication throughout all service delivery. Consumer participation and ideas are to be considered and incorporated into all programs.

Clients of the Commission must be afforded opportunities to achieve full participation in society, including, but not limited to, independent functioning within the home, community and the work place.

PHILOSOPHY TOWARD SERVICES

The Massachusetts Rehabilitation Commission provides services as effectively and efficiently as possible. We seek the resources necessary to attain our mission by taking a leadership role in coordinating services and interagency programs. Comprehensive services must involve not only persons with disabilities and agency staff, but also families, employers, service providers, other professionals and society at large.

PHILOSOPHY TOWARD THE PUBLIC

The Massachusetts Rehabilitation Commission is accountable to the public whose influence on agency and governmental policies effect services and benefits for people with disabilities. We operate in concert with legislative mandates and public influence to provide the maximum possible benefits to society based upon funds invested in the program.

No individual shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity operated or supported by the agency on the basis of race, sex, age, creed, national origin or disability.

PHILOSOPHY TOWARD AGENCY STAFF

The Massachusetts Rehabilitation Commission believes the agency is responsible for defining and articulating its management philosophy, processes and practices. We recognize the value of all members of the organization and respect participatory management. We use sound evaluation methodology to direct agency change and service improvement. We encourage ongoing innovation and productive change in order to improve our operation.

Staff is our most important resource. We treat one another in a manner which respects human worth and dignity. Our physical and psychological environment must ensure the health and safety of all agency staff. Employee relations are supported through an open communication system which encourages participation from all levels of the organization. We hire and promote qualified people without regard to race, sex, age, creed, national origin or disability. We are committed to well defined performance expectations for all staff. We uphold high standards of professional ethics and we encourage staff to achieve excellence through skill and career development.

Elmer C. Bartels
Commissioner of Rehabilitation

I. MISSION OF THE AGENCY

OVERALL MISSION STATEMENT

THE PURPOSE OF THE MASSACHUSETTS REHABILITATION COMMISSION IS TO PROVIDE COMPREHENSIVE SERVICES WHICH MAXIMIZE QUALITY OF LIFE AND ECONOMIC SELF-SUFFICIENCY FOR PEOPLE WITH DISABILITIES. THIS IS ACCOMPLISHED THROUGH MULTIPLE PROGRAMS INCLUDING VOCATIONAL REHABILITATION, INDEPENDENT LIVING, AND DISABILITY DETERMINATION FOR SOCIAL SECURITY BENEFITS.

CLARIFYING MISSION STATEMENTS

- TO PROVIDE TIMELY AND HIGH QUALITY VOCATIONAL REHABILITATION, EMPLOYMENT, JOB PLACEMENT PROGRAMS, AND OTHER SPECIFIED SUPPORT SERVICES, SUCH AS TRAINING AND TRANSPORTATION FOR ELIGIBLE INDIVIDUALS WITH MENTAL OR PHYSICAL DISABILITIES IN ORDER THAT THEY MAY ACHIEVE AND MAINTAIN GAINFUL EMPLOYMENT.

- TO PROVIDE INDEPENDENT LIVING REHABILITATION SERVICES, INCLUDING HOUSING SERVICES, EITHER DIRECTLY, OR THROUGH A NETWORK OF INDEPENDENT LIVING CENTERS, SERVICES AND PROGRAMS TO ASSIST INDIVIDUALS WITH DISABILITIES TO LIVE INDEPENDENTLY IN THE COMMUNITY.

- TO PROVIDE FAIR AND TIMELY DISABILITY DETERMINATION SERVICES IN THE PROCESSING OF CLAIMS FOR PEOPLE WITH DISABILITIES UNDER TITLE II, XVI AND XIX OF THE SOCIAL SECURITY ACT (SSI/SSDI/MEDICAID) AND COMMONHEALTH.

SPECIFIC PROGRAM GOALS OF THE COMMISSIONER

GOAL: TO OVERSEE THE VOCATIONAL SERVICES OF THE AGENCY TO ASSURE ACCESS AND QUALITY OF SERVICES IN ASSISTING PEOPLE WITH DISABILITIES ACHIEVE WORK GOALS (SEE VOCATIONAL SERVICES DIVISION MISSION & GOALS).

GOAL: TO OVERSEE THE INDEPENDENT LIVING SERVICES OF THE AGENCY TO ASSURE ACCESS AND QUALITY OF SERVICES IN ASSISTING PEOPLE WITH MENTAL OR PHYSICAL DISABILITIES TO ACHIEVE INDEPENDENT LIVING GOALS (SEE INDEPENDENT LIVING SERVICES DIVISION MISSION AND GOALS).

GOAL: TO OVERSEE THE OPERATION OF THE DISABILITY DETERMINATION SERVICES OF THE AGENCY TO ASSURE TIMELY, ACCURATE, AND FAIR DECISIONS ON SSI/DI, MEDICAID, AND COMMONHEALTH DETERMINATION (SEE DISABILITY DETERMINATION SERVICES DIVISION MISSION AND GOALS).

GOAL: TO RESPOND EFFECTIVELY THROUGH OMBUDSMEN, ADVOCACY, ADMINISTRATIVE REVIEW, AND FAIR HEARING SERVICES TO PROVIDE EQUITY OF SERVICES ALONG WITH ANY NECESSARY INCREASE IN SERVICES, IN MEETING THE NEEDS OF PEOPLE WITH DISABILITIES SERVED BY THE AGENCY.

GOAL: TO ENCOURAGE AND SUPPORT NON-PROFIT VENDORS IN PROVIDING QUALITY REHABILITATION SERVICES TO MEET THE NEEDS OF AGENCY CLIENTS THROUGH STRONG INTERAGENCY RELATIONSHIPS WITH VENDORS AND OTHER STATE AGENCIES. THESE RELATIONSHIPS WITH VENDORS SHOULD INCLUDE MONITORING AND TECHNICAL ASSISTANCE.

GOAL: TO MANAGE, AND CONTINUE THE DEVELOPMENT OF MARKETING STRATEGIES WITH CONSTITUENT PUBLICS INCLUDING EMPLOYERS, CONSUMERS, FAMILY MEMBERS, COMMUNITY GROUPS, LEGISLATORS, AND THE PUBLIC AT LARGE IN ORDER TO RAISE AWARENESS OF DISABILITY AND TO PROMOTE PUBLIC INTEREST IN, AND SUPPORTIVE RELATIONS WITH THE AGENCY AND ITS MANDATE.

GOAL: TO CONTINUE A CLOSE WORKING RELATIONSHIP WITH THE EXECUTIVE OFFICE OF HUMAN SERVICES AND RELEVANT STATE AGENCIES TO ASSURE A WELL INTEGRATED SERVICE DELIVERY SYSTEM FOR PEOPLE WITH DISABILITIES THROUGH STRONG INTER-AGENCY RELATIONSHIPS.

GOAL: TO DEVELOP A CLOSE WORKING RELATIONSHIP WITH THE EXECUTIVE OFFICE OF TRANSPORTATION AND CONSTRUCTION AND OTHER RELEVANT TRANSPORTATION AGENCIES TO INCREASE THE AVAILABILITY OF ACCESSIBLE AND ADEQUATE TRANSPORTATION WITHIN MASSACHUSETTS FOR ALL PERSONS WITH DISABILITIES.

GOAL: TO CONTINUE THE DEVELOPMENT OF EFFECTIVE WORKING RELATIONSHIPS WITH OTHER SECRETARIATS AND STATE AGENCIES, E.G.: THE EXECUTIVE OFFICE OF COMMUNITIES AND DEVELOPMENT, THE EXECUTIVE OFFICE OF ELDER AFFAIRS, THE DEPARTMENT OF EDUCATION AND THE DEPARTMENT OF EMPLOYMENT AND TRAINING TO ASSURE EFFECTIVE AND COMPREHENSIVE SYSTEMS OF SERVICE FOR PEOPLE WITH DISABILITY.

SPECIFIC ADMINISTRATION GOALS OF THE COMMISSIONER

GOAL: TO PROVIDE LEGAL ADVICE TO AGENCY STAFF THAT IS CONSISTENT WITH SOUND DISABILITY POLICIES AND APPLICABLE LEGAL STANDARDS CONCERNING AGENCY OPERATIONS, PROGRAMS AND POLICIES; AND TO PROVIDE LEGAL REPRESENTATION AND ADVOCACY FOR THE AGENCY AND ITS STAFF.

GOAL: TO INITIATE AND SUPPORT THE DEVELOPMENT OF PERTINENT INFORMATION SYSTEMS TO EFFECTIVELY MANAGE AGENCY RESOURCES ON BEHALF OF THE AGENCY'S CLIENTS.

GOAL: TO CONTINUE TO MONITOR AGENCY FINANCIAL AND PROGRAM RESOURCES AND POLICY TO ASSURE THAT THE AGENCY IS MANAGED IN AN EFFECTIVE AND ACCOUNTABLE MANNER.

GOAL: TO WORK WITH AGENCY STAFF AND CONSUMER ADVOCACY CONSTITUENCIES TO IMPROVE REHABILITATION AND DETERMINATION SERVICES FOR PEOPLE WITH DISABILITIES THROUGH INTENSIVE STAFF AND CONSTITUENCY TRAINING.

II. MRC VOCATIONAL REHABILITATION AND VOCATIONAL SERVICES PROGRAMS LONG RANGE PLAN FOR STATE FISCAL YEAR 1991 - 1995 WITH HIGHLIGHTS OF STATE FY 1990

As with other Program Divisions within the MRC, the MRC Vocational Rehabilitation and Vocational Services Programs establishes its Long Range Plan with the input and guidance of consumers, agency publics and staff of the MRC.

In this Section of the MRC Long Range Plan, one will note the emphasis on long range planning within the MRC Vocational Rehabilitation (VR) and MRC Vocational Services (VS) Programs as focusing on: expanding employment and employment training programs with and for persons with severe disabilities; increasing community based, non-sheltered, work options for persons with disabilities needing ongoing, supervised and support services at the work site; an increased emphasis on multi-services over an extended period of time for eligible clients of the MRC-VR Program; an emphasis on re-entering the MRC-VR Program for persons who are under-employed (in such as Supported Employment Programs); and, an emphasis on assisting persons with disabilities to access Independent Living and other human service programs in order to build a comprehensive rehabilitation and habilitation program, in the community.

Independence through part or full time employment is a goal of the MRC-VR and VS Program.

The core Program of the MRC is the MRC Vocational Rehabilitation Program which continues to serve over 30,000 persons with disabilities, annually and vocationally rehabilitate 4,600 qualified persons to work, annually. That Program serves as a base for employment options for persons with severe disabilities.

Special projects within the MRC-VR and MRC-VS Program will be highlighted herein, too.

No one public human service program is designed to or has the capacity to provide all the necessary comprehensive services with and for persons with disabilities. The federal-state MRC-VR Program is purposefully time framed to have a beginning and ending point. To supplement the need for long term support services at a work site, national and State legislation and some (limited) fiscal resources have been developed.

The MRC advocates support the concept of de-facto focused, categorical program funding. It has been found that when one lumps funds in an attempt to provide comprehensive services via one pot of funds, that the resulting pot is totally inadequate to do much of anything. Focused funding results in the opportunity to build networked programs which result in some degree of comprehensiveness.

One notes that during State Fiscal Year 1990 that the Commonwealth's fiscal adjustment issues spilled-over into public human service programs with and for persons with disabilities. Recisions of State appropriations; coupled with Administration vetoes within the State Fiscal Year 1990 budget, caused disruption in planned MRC Vocational Services. State contracts with providers had to be revised downward, twice. But, no MRC clients in State-funded Vocational Services were terminated from MRC Vocational Services Programs. However, several hundred persons with disabilities were placed on (already) long waiting lists; some persons were converted to other MRC work training or work programs, too.

Within the MRC Vocational Rehabilitation Program, which continues to be a federal-state funded program, the federal allotment for Federal Fiscal Year 1990 increased by only 1% over Federal Fiscal Year 1989. That was due to the impact of both the population and per-capita income factors being in the federal allotment formula for fiscal year 1990. Next year, the allotment will not include per-capita income. The reason that a 1% increase was able to be absorbed as a non-crisis fiscal issue in State Fiscal Year 1990 was that the MRC-VR Program adjusted its client service regulations in FY 1989 in anticipation of this issue; and, also, the MRC-VR Program built its capability of retrieving SSI and SSDI reimbursement funds to the Title I/Federal VR Program.

Over the past several years, traceable from 1977 when the MRC implemented a client service order of selection, the MRC-VR and VS Programs have focused on persons with severe disabilities. That emphasis included decreasing the numbers of persons in sheltered-type of employment programs. The emphasis has been placed on real work in the community; and, where necessary, supervised real work opportunities with support services available to the MRC client at work.

Such MRC programs as Supported Work and Supported Employment are only in the developmental stage within the context of available fiscal resources. The MRC has a success record in implementing those employment options. Available federal and state fiscal resources limit these program options for persons with disabilities. Thus, such strategies as "conversion efforts" from the MRC Extended Employment Program to Supported Work are being utilized by the MRC.

Changes within the MRC-VR and VS Programs have and will have to occur in response to the changing needs of eligible MRC-VR and VS clients; employment opportunities in the community; and, public policies established with and for persons with disabilities. Employment options for persons with disabilities have been and need to be developed in cooperation with the employers of the Commonwealth. With the realities of de-facto categorical federal (and some State) funding, the challenge is to build resources and flexibility

into existing programs; and to review the manner in which fiscal resources are spent versus how they could be expended. The reader notes the de-emphasis on development of new resources in this Plan, for at the Federal and State levels, fiscal resources are constrained...yet, the available resources can be evaluated in terms of use; cost benefit and public policy needs and issues of the 1990's.

As a program model of cost-effectiveness; a program with a time-frame with a beginning and ending point, which is measureable, the VR and VS Programs of the MRC receive bi-partisan support and the support of State and Federal Administrations.

Special projects during FY 1990 within the MRC-VR and VS Programs included: Adaptive Housing Services for VR clients; Van Modification Services for VR clients; a special project focused on persons on General Relief; a Statewide Program for Injured Workers; a special (100% Federally funded) project focused on SSI/DI recipients getting to a work training and work program; (100% Federally funded) projects focused on development of a client tracking system for persons in Supported Work Programs and another project focused on technical assistance to develop Supported Employment Programs; administration of a (100% Federally funded) Supported Employment Grant. And, an emphasis was placed on special needs services to eligible clients who are deaf, mobility impaired and/or bi-lingual. Also, the MRC-VR and VS Programs focused special effort on persons who are substance abusers during this past year. These projects will continue as part of the Long Range Plan.

Attention to client rights and responsibilities is emphasized in the MRC-VR and VS Programs. Thru the Office of Handicapped Affairs Client Assistance Project, the MRC client can receive external advocacy and assistance. Internally, within the MRC, the Office of Ombudsperson also continues as a valuable resource to the client having any difficulties in the MRC Programs.

A reason for the MRC-VR and VS Programs being in fluid motion to respond to current client needs is the involvement of consumers, employers, the State and Federal legislatures working in cooperation with persons with disabilities and staff to build a Program with several options which have the goal of: INDEPENDENCE THROUGH WORK!

OVERALL LONG RANGE PLAN MISSION, GOAL, AND OBJECTIVES OF THE MRC VOCATIONAL SERVICES DIVISION

"Employment Options and Work Opportunities for All Persons with Disabilities via the MRC-VR and VS Programs."

DIVISION MISSION STATEMENT

TO PROVIDE TIMELY AND HIGH QUALITY VOCATIONAL REHABILITATION, EMPLOYMENT, AND JOB PLACEMENT PROGRAMS, AND OTHER SPECIFIED SUPPORT SERVICES FOR ELIGIBLE INDIVIDUALS WITH MENTAL OR PHYSICAL DISABILITIES IN ORDER THAT THEY MAY ACHIEVE AND MAINTAIN GAINFUL EMPLOYMENT.

GOAL 1: TO ASSURE MAXIMUM CLIENT SERVICE PRODUCTIVITY WITHIN THE CONSTRAINTS OF AVAILABLE AND ALLOTTED RESOURCES.

OBJECTIVES:

1. To assure the maximum number of eligible MRC VR clients are served and vocationally rehabilitated to competitive employment with options for re-entry into the MRC Vocational Rehabilitation Program for eligible clients who are underemployed or whose disability status has changed because of such circumstances as aging.

2. To assure that the percent of persons with severe disabilities in the MRC Vocational Rehabilitation Program continues to increase in keeping with the MRC Order of Selection and especially the intent and spirit of the Rehabilitation Act and its Amendments and the mission of the MRC.

3. To assure effective services to underserved or unserved populations, to include persons with AIDS and persons with substance abuse problems.

4. To continue to outreach to people with disabilities who are of ethnic or linguistic minorities.

5. To assure expansion to community based employment opportunities in the Extended Employment Program for at least 50% of all EEP workers through the Office of Employment Services by 1995.

6. To expand the Supported Work Program for persons with Mental Retardation and the Supported Work Program for persons with Mental Illness so that services are available throughout Massachusetts through the Office of Employment Services by 1995.

7. To expand supported employment and competitive employment options within both the private (e.g., community-based industry) and public (e.g., State agencies) sectors for person with severe disabilities who are currently underserved or unserved through the leadership of the Office of Employment Services by 1995.

8. To develop the MRC Injured Worker Program to be fully self sustaining and serve the Public Employee Retirement Administration (PERA) as well as selected insurers within the Commonwealth by 1995.

9. To explore the expansion of the MRC Adaptive Housing and Van Modification Programs to all MRC eligible clients including those unable to attain a competitive employment goal within the MRC Vocational Rehabilitation Program by 1995.

10. To expand the MRC General Relief Program to eventually cover all of the Department of Public Welfare Offices within the Commonwealth by 1995.

11. To expand outreach to all potentially eligible students with disabilities in local schools of the Commonwealth who need transition servics to the adult human services system under the "Turning 22" state program.

12. To continue to ensure full program accessibility for VR and VS eligible deaf persons by maintaining and strengthening as needed the network of specialized Rehabilitation Counselors for the Deaf on a statewide basis.

13. To continue to work collaboratively with the Department of Mental Health to expand and improve vocational rehabilitation opportunities for the mentally ill.

14. To continue to work collaboratively with the Department of Mental Retardation to expand and improve vocational rehabilitation opportunities for persons designated as mentally retarded.

15. To continue to assure locally based, physically accessible MRC access points throughout the Commonwealth through the use of existing MRC and other public and private locations throughout the Commonwealth.

16. To continue to work in cooperation with the Client Assistance Program, Independent Living Centers, Advocates, and Public and Private Agencies concerned with public services for and public policy development about persons with severe disabilities.

17. To develop new resources to provide services of the MRC Vocational Services Programs to persons who are institutionalized and/or hospitalized who could benefit from available services of the MRC Vocational Services Programs. This should include particularly persons who are in state-run hospitals and institutions.

18. To develop and expand an MRC Bio-Engineering Unit.

19. To assure all appropriate services, as described in the Individual Written Rehabilitation Plan to Priority I clients even if a waiting list for MRC Vocational Services has to be established due to constrained resources.

GOAL 2: TO ASSURE FULL COMPLIANCE WITH FEDERAL AND COMMONWEALTH LAW, REGULATIONS AND GUIDELINES IN THE ADMINISTRATION OF THE MRC VOCATIONAL SERVICES DIVISION.

OBJECTIVES:

1. To assure compliance with the Rehabilitation Act and its amendments in the administration and client service delivery system of the MRC Vocational Rehabilitation Program.

2. To assure compliance with all Commonwealth laws and regu lations applicable to all programs of the MRC Vocational Services Programs.

3. To assure timely payments to vendors and programs under contract with the MRC Vocational Rehabilitation and Vocational Services Division.

4. To assure comprehensive audits of all vendors and programs under contract with the MRC so as to assure legal and appropriate use of contracted funds from the MRC VR/VS Division.

5. To continue the automation of the MRC VR/VS Division's client tracking, fiscal system and communication systems as well as the development of bio-engineering and other telecommunication devices.

6. To assure regularly scheduled client case record compliance reviews at the Regional and Statewide levels of the MRC VR/VS Division.

7. To assure continuation of career ladder opportunities and ongoing training for all staff of the MRC VR/VS Division.

8. To assure compliance with the revised State Contracting Procedures of the Executive Office of Administration and Finance.

GOAL 3: TO ASSURE CONSUMER INVOLVEMENT ACTIVITIES AT THE AREA, REGIONAL AND STATEWIDE LEVELS OF THE MRC VOCATIONAL SERVICES DIVISION TO INCLUDE COOPERATIVE EFFORTS AND COLLABORATION WITH: CONSUMERS, EMPLOYERS, FORMER AND CURRENT CLIENTS, FEDERAL AND STATE ADMINISTRATIONS AND OTHERS.

OBJECTIVES:

1. To assure consumer involvement via the MRC Statewide, Regional, and area-based consumer advisory councils in the development, and delivery of services and administrative activities of the MRC VR/VS Division.

2. To be involved with the Client Assistance Program, advocates, coalitions and parent groups, friends and/or other public and private agencies concerned with persons with disabilities.

3. To assure involvement with employers, Work Training Programs, the Department of Employment and Training, the EOHS and its agencies in the development and delivery of coordinated service options focused on work and work opportunities for persons with disabilities.

4. To assure marketing strategies which result in publication and full awareness of services and service limits of the MRC Vocational Services Division.

5. To plan, with coalitions and others, strategies to build a comprehensive array of work option programs with and for persons with disabilities.

6. To assure access to Independent Living Programs and Public Benefit Programs to all eligible clients of the MRC Vocational Services Division.

III. INDEPENDENT LIVING SERVICES LONG RANGE PLAN FOR FY'91 AND BEYOND

The Independent Living Division continues to respond to the mission of the Agency to assist persons with disabilities to live as independently as possible in the community or with their family. During the past fiscal year the pressures of the economy have created some very difficult issues for the division and the agency to address. Reductions in resources have resulted in cuts in virtually every program in the IL Division.

Each of the different service areas have made major strides in assisting persons with disabilities in living more independently within their family or community. The SHIP Program which serves individuals with traumatic head injuries is in the process of reassessing its case management strategies. Due to limited resources only those receiving active services would receive case management under this new strategy. The Innovative Housing Program continues to demonstrate through its two projects, the ability to provide community based housing alternatives to persons with severe physical disabilities - persons who, without the services of this program, would be living in institutional settings. This model program has also demonstrated that the philosophy of Independent Living can be extended to persons with the most severe physical disability.

Since 1984 the number of Independent Living Centers in Massachusetts has increased by 50% from 6 to 9 centers. In addition, there are five satellite centers, one of which is planning to become a stand alone center in 1991.

The Protective Services Program has served over 200 families who for various reasons were in situations that required the provision of protective services. Many of the indiviudals who were served are now living in the community and others are living at home with their families through the aid of family counseling. Although much remains to be accomplished in this program emergency services were available when needed.

Resources to develop long-term needs such as community based housing, respite services, and other services that assist indiviudals with disabilities to leave abusive situations in the quickest, least intrusive way possible have yet to become a reality.

Other accomplishments in the Division include:

- SHIP (the Statewide Head Injury Program) established Massachusetts first fully operational Neurobehvorial Unit during this year. Although there have been many delays due to reductions in resources the program is serving 3 consumers. SHIP also established a supported employment program that is now serving 14 persons.

- The Home Care Assistance Program was level funded this fiscal year which has created a number of service problems. Because of level funding, services have been reduced to all Priority One consumers by cutting hours to any persons receiving services after September 1, 1989. Additionally, effective April 1, 1990, services to all other consumers that were not previously reduced were cut by one hour. This reduction effected over 1,300 individuals receiving services.

- The IL Centers and Services Program completed its second year of using the computerized data collection system which now provides the centers and the agency with a much improved view of the services provided by IL Centers. This system is quickly becoming the National Model for IL Centers because of its usefulness and its ability to accurately reflect the Center's activities.

- The Chapter 688 Program has developed alternative living situations for 35 individuals that will maximize personal independence and continues to assist in developing ITP's when required by statute to assist eligible consumers to transition from school to the community.

- The Independent Living Division collaborated with the Department of Mental Health in the establishment of the first IL Program for persons with mental disabilities at Northeast Independent Living Program in Lawrence. It is now serving consumers in group sessions doing training at many locations including mental health clinics and working on advocacy issues for the mentally ill.

- The Protective Services Program conducted nearly 200 investigations and served over 75 persons. This is nearly double the number of individuals served last fiscal year. The program was level funded and so there was little opportunity to respond to the need to develop a statewide service system of emergency housing, respite care and other needed emergency services.

All of these activities reflect the Massachusetts Rehabilitation Commission's commitment to being a broad based services agency for and with persons with disabilities. In spite of the severe cuts the division was able to provide survival services to all presons that were in programs or receiving services. Across the board cuts were made in all programs but those in the most need were still able to receive some services.

OVERALL LONG RANGE PLAN MISSION, GOAL, AND OBJECTIVES OF THE MRC INDEPENDENT LIVING SERVICES DIVISION

DIVISION MISSION STATEMENT

TO PROVIDE, EITHER DIRECTLY OR THROUGH A NETWORK OF INDEPENDENT LIVING CENTERS, INDEPENDENT LIVING REHABILITATION SERVICES AND PROGRAMS TO ASSIST INDIVIDUALS WITH DISABILITIES TO LIVE INDEPENDENTLY IN THE COMMUNITY.

GOAL 1: TO MANAGE INDEPENDENT LIVING REHABILITATION IN ORDER TO MAXIMIZE THE PROVISION OF INDEPENDENT LIVING SERVICES TO PERSONS WITH DISABILITIES AND TO PLAN AND COORDINATE FOR THE DELIVERY OF SERVICES TO UNDERSERVED POPULATIONS.

OBJECTIVES:

1. To continue to refine working relationships with the various divisions and programs of the agency and with other appropriate state agencies, including DMH to assure the most effective use of IL resources from FY'90 through June FY'94.

2. By June 30th of each year through 1994, to revise and update the Commission's independent living plan utilizing input from consumer groups, providers and state agency personnel. Quarterly meetings with the State Independent Living Council and other entities as identified will be held in order to facilitate this process.

3. Through 1995, to integrate independent living with initiatives of other agencies to insure equitability of service delivery and disabilities served.

4. To continue to expand the funding base through Title VII funding mechanisms, State funding mechanisms and interagency agreements through June 30, 1995.

5. To continue to plan and expand independent living services to persons with mental and physical disabilities previously underserved through the development of 20 new IL Centers and/or satellites of existing centers by June 30, 1995.

6. To continue to implement and refine the computerized IL Center Evaluation System to demonstrate the effectiveness of this services system and the IL Philosophy.

7. To continue to outreach to programs serving individuals who are HIV positive to provide input on IL services such as peer counseling and advocacy, and where appropriate to develop linkages with IL Centers.

GOAL 2: TO INSURE QUALITY RELATIONS WITH INDEPENDENT LIVING CENTERS AND CONSUMERS, ESPECIALLY WITH REGARD TO (ANY AND ALL) COMMISSION, PROGRAM, SERVICE AND/OR ADMINISTRATIVE ISSUES.

OBJECTIVES:

1. To work with other MRC staff and Divisions to identify and resolve identified issues of program coordination through June 30, 1995.

2. To further refine and develop appropriate networking options for independent living centers and programs through June 30, 1995.

3. To continue to enhance the planning and policy input aspects of the Statewide IL Council by providing staffing and other administrative support through June 30, 1995.

4. To continue to work closely and cooperatively with the Department of Public Health's Division of Drug and Alcohol Rehabilitation to facilitate access to state funded treatment programs for individuals with disabilities.

GOAL 3: TO ASSURE, WITHIN AVAILABLE RESOURCES, THE PROVISION AND COORDINATION OF COMMUNITY BASED SERVICES FOR INDIVIDUALS IN THE COMMONWEALTH WHO HAVE INCURRED TRAUMATIC HEAD INJURIES.

OBJECTIVES:

1. To develop a model of service delivery at SHIP that allows us to reach more individuals with fewer resources.

2. To develop the network of regionally-based services to meet the needs of our consumers on a more local level. These networks would include day programs, supported employment projects, supervised community-based housing, recreation/leisure time programs and private case management services.

3. To develop a case coordination model that focuses on information and referral services, resource development and program and management/monitoring.

4. To develop a statewide technical assistance, evaluation, consultation and training network.

5. To continue to develop and implement a Neuro-Behavioral Unit that will provide appropriate rehabilitation services to those with the most severe behavioral problems.

6. To continue to plan for the necessary resources that will adequately meet the needs of eligible SHIP clients and enhance their ability to live as independently as possible in the community or with their families.

Home Care Assistance Services

GOAL 4: TO MANAGE THE HOME CARE ASSISTANCE PROGRAM IN AN EFFECTIVE AND EFFICIENT MANNER TO ASSURE THAT THE MAXIMUM NUMBER OF ELIGIBLE INDIVIDUALS ARE SERVED CONTINGENT UPON AVAILABLE RESOURCES.

OBJECTIVES:

1. To work with other MRC staff to resolve identified issues of concern through June 1995.

2. To further refine and develop appropriate networking options for independent living centers through June 1995.

3. To enhance training, supervision, and development of support staff and professional staff of the HCAP.

4. To ensure quality services for underserved populations, (e.g., persons with AIDS and persons with mental disabilities).

5. To continue developing positive working relationships with vendors, including Council of Homemakers/Home Health Aides and M.A.C.H.A.

6. To develop a training and monitoring model for home care assistants.

7. To continue reviews of the needs of individuals who are presently receiving home care services, thereby insuring quality and effective services for consumers.

8. To establish a regional based service delivery model by June 1995.

9. To ensure effective delivery of home care services by homemaker agencies by appropriate monitoring through June 1995.

10. To establish innovative communication links with consumers for improvement of program via SAC.

11. To establish working relationships and integrated policies with other State agencies regarding home care services (e.g., DSS and EOEA).

GOAL 5: **TO PLAN, COORDINATE AND DIRECT THE COMMISSION'S EFFORTS IN COOPERATION WITH THE STATE AGENCIES RESPONSIBLE FOR HOUSING, TRANSPORTATION AND OTHER ALLIED ISSUES IN ORDER TO SUPPORT AND IMPACT UPON THE GOALS OF PERSONS WITH SEVERE MENTAL AND PHYSICAL DISABILITIES ANNUALLY.**

OBJECTIVES:

1. Using the MRC statewide needs assessment of persons with severe physical and/or developmental disabilities, as well as persons with mental disabilities to begin planning for the development of funding for supported living housing programs through 1995 for individuals who could benefit from comprehensive services to maximize their ability to live independently in the community.

2. To continue to work with the Chapter 688 program to develop supported living housing programs for eligible individuals and qualified vendors to provide such services annually.

3. To continue to work with both Public and Private agencies to increase the availability of housing that is integrated, affordable, accessible and/or adaptable annually.

4. To continue to advocate for increases in the availability of Section 8 and 707 subsidy certificates, including as many as possible flexible, cross-community certificates for persons with physical and mental disabilities, with a particular emphasis on emergency set asides.

5. To encourage and support Independent Living Centers and Programs to continue developing a cohesive housing resource network to focus on non-profit housing development.

6. To develop in conjunction with the Independent Living Centers, and public and private housing agencies, a continuing centralized registry of accessible housing to be updated annually through June 30, 1995.

7. To continue to advocate for increases and appropriate housing options for persons with severe physical disabilities with incentive funding for housing adaptations and new housing stock.

8. To encourage and support independent living centers and programs in non-profit housing in developing affordable, accessible housing and/or accessible subsidized housing through appropriate state and federal programs.

9. To increase the availability of accessible Mass Transportation for persons with mental and physical disabilities through providing input to MBTA's Special Needs Advisory Committee (SNAC).

GOAL 6: **TO MANAGE THE PERSONAL CARE ASSISTANCE PROGRAM IN AN EFFECTIVE AND EFFICIENT MANNER TO INSURE THAT THE MAXIMUM NUMBER OF ELIGIBLE INDIVIDUALS ARE SERVED, CONTINGENT UPON AVAILABLE RESOURCES.**

OBJECTIVES:

1. To identify specific needs of eligible clients for PCA services and to develop a plan based on identified needs annually through June, 1995.

2. To coordinate all referrals to the MRC PCA program with the new CommonHealth Program in order to assure optimum personal care services for PCA recipients at a reasonable price.

3. To refine and implement interagency coordination and cooperation and to insure program availability for clients requiring PCA services by June, 1995.

4. To work with Executive Office of Elder Affairs (EOEA) to assist that office in transitioning MRC clients who have reached the retirement stage of their life. Independent Living services including Personal Care Assistance will need to be developed by EOEA as well as making MRC clients aware of the linkages, services and networks that are already in existence for elders. This objective could be greatly aided by the establishment of a joint agency work group to develop the framework for independent living services at EOEA.

GOAL 7: TO PROVIDE COMMUNITY BASED, CONSUMER CONTROLLED AND DIRECTED, COMPREHENSIVE INDEPENDENT LIVING SERVICES TO CHAPTER 688 ELIGIBLE CONSUMERS, IN ORDER TO ASSIST THOSE INDIVIDUALS TO ACHIEVE THEIR MAXIMUM POLITICAL, ECONOMIC AND SOCIAL INDEPENDENCE IN THEIR COMMUNITIES WHILE TRANSITIONING FROM SPECIAL EDUCATION TO THE ADULT HUMAN SERVICE SYSTEM.

OBJECTIVES:

1. To establish the staff capacity to provide regionalized services in order to have a community presence and understanding of community needs and resources.

2. To establish an agency statewide advisory council specific to Chapter 688 and consisting of professionals, parents, educators, and at least 51% consumers in order to provide the agency with input into 688 policies, procedures, program development and planning.

3. To establish statewide early intervention programs in order for independent living centers to identify, evaluate, and provide services to potential 688 agency referrals, between the ages of 14-22 and their families and educators, to prepare them for transitional planning.

4. To establish statewide independent living residential and day/prevocational options for 688 consumers who can not benefit from existing models.

5. To establish policies and procedures for intake, assessment, program approvals, service delivery, data tracking and reporting, program development and referral, and case closures.

GOAL 8: TO CONTINUE TO MAINTAIN AND EXPAND THE ROLE OF CONSUMERS AND FAMILY MEMBERS IN POLICY AND PROGRAM DEVELOPMENT WITHIN ALL THE DIVISIONS OF THE COMMISSION.

OBJECTIVES:

1. To continue to outreach to persons with disabilities who are of ethnic or linguistic minority populations through direct means or by consultation with other State and/or local, public and private agencies.

2. To continue to support and increase the number and frequency of requests for individual consumer consultants.

3. To make certain that clients are informed of the opportunities to serve in an advisory capacity.

4. To continue contact with local and national consumer disability organizations and coalitions to support the growth of a network of consumer service as well as advocacy resources.

5. To assist in the development of local and statewide consumer advisory and advocacy models supportive of disability civil rights issues.

6. To act as staff to the Statewide and Independent Living Advisory Councils.

GOAL 9: TO DEVELOP AND IMPLEMENT A PROGRAM OF PROTECTIVE SERVICES IN FULL COMPLIANCE WITH CHAPTER 19C, LOCATED IN EACH REGION, AVAILABLE ON A 24 HOUR BASIS, IN CONJUNCTION WITH THE INDEPENDENT LIVING CENTERS AND OTHERS COMMUNITY RESOURCES, THAT IS CONSISTENT WITH THE PRINCIPLES OF MINIMAL INTERVENTION AND INDEPENDENT LIVING PHILOSOPY.

OBJECTIVES:

1. To complete an investigation on all protective service referrals which incorporates a thorough assessment of risk and preliminary service plan within ten days.

2. To develop a model of public information and education which results in the optimal reporting of the instances of abuse.

3. To develop an emergency service delivery system which is adequately staffed on a statewide basis able to provide crisis intervention and emergency housing with a response time of two hours.

4. To develop a regionally based protective service model, staffed by at least one worker in each region, with access to a protective service vendor and emergency housing resource, respite care, emergency PCA service and other services in each region.

5. To develop a prevention model which educates the public and private sector providers as well as the public with services designed to reduce the incidents of abuse and neglect. Such services will be delivered through the independent living centers.

6. To develop and implement a model of staff development which results in each protective service worker receiving six days per year of relevant clinical training.

IV. DISABILITY DETERMINATION SERVICES LONG RANGE PLAN FOR FY'90 AND BEYOND

The primary function of the Disability Determination Services Division is to conduct disability determination reviews on behalf of the Social Security Administration. In FY'90, the DDS will have provided decisions on over 50,000 claims through the services of 227 full-time equivalent staff and $20M. The Massachusetts DDS remains proud of its national leadership role in the area of service delivery. It was through the efforts of the state agency and its constituency that Congress passed the 1984 Disability Benefits Reform Act which dramatically changed the manner in which Continuing Disability Review claims and mental impairment claims are reviewed. The Massachusetts DDS remains committed to conducting comprehensive reviews with emphasis on treating physicians input. Our comprehensive documentation requirements have resulted in the following accomplishments:

1. The Massachusetts DDS has one of the top five allowance rates in the nation for all categories of cases.

2. The Massachusetts DDS has one of the lowest consultative examination rates in the nation.

Thus, our reviews result in the maximum number of individuals being approved for benefits based primarily on input from an individual treating source.

In addition, the Massachusetts DDS has implemented a number of innovative programs to provide timely and quality services to populations in special need. Two specific special programs are as follows:

1. AIDS: The Massachusetts DDS has a full-time AIDS Coordinator and specialty examiners to work with individuals who make application based on a diagnosis of AIDS or ARC.

2. Homeless: The Massachusetts DDS has established a full-time Homeless Coordinator and specialty examiners to work with SSA's district offices and homeless shelters across the state.

The aforementioned initiatives have served as national models. Our services to both of these populations are second to none in the nation.

The Massachusetts DDS has done an outstanding job in the planning and implementation of the 1984 Disability Benefits Reform Act. Today, we have specialty units that work solely on Continuing Disability Review (CDR) cases. Through our comprehensive procedures, over 92% of those individuals who have their disabilities reviewed are continued on benefits. Also, our comprehensive documentation practices and our services to those individuals with mental impairments have markedly improved. Today, over 53% of those individuals applying for disability based on a mental impairment are allowed benefits.

Finally, the Massachusetts DDS has expanded its mission by providing disability determination services for both the Medicaid Assistance Disability Assistance (MADA) and CommonHealth populations. Our implementation of these two important state programs has resulted in improved services to the public and significant cost benefit to the Commonwealth and its taxpayers.

Most importantly, the improved performance of the DDS in all categories (quality, timeliness, productivity) has occurred through the positive working relationship of the division and its constituencies. The DDS has a well established Advisory Committee that meets on a quarterly basis. Its subcommittees meet on a more frequent basis. The input and constructive work of this body has been outstanding.

As the DDS views the next five years, it anticipates concentrating on the following major areas:

1. Working with Congress to assure appropriate levels of funding and staffing in order to maintain the program achievements of the past five years.

2. Expand automation enhancement initiatives to every functional department and unit within the division.

3. Further expand the role of the division to the Commonwealth's primary source of expertise for disability determinations.

4. Further decentralize the structure to five (5) regionally based sites across the state.

The successful accomplishment of the above will require the ongoing support and input of all program constituents.

OVERALL LONG RANGE PLAN MISSION, GOAL, AND OBJECTIVES OF THE MRC DISABILITY DETERMINATION SERVICES DIVISION

DIVISION MISSION STATEMENT

TO ENSURE THE ACCURATE, FAIR AND TIMELY ADJUDICATION OF CLAIMS FOR RESIDENTS OF MASSACHUSETTS MAKING APPLICATION FOR EITHER SOCIAL SECURITY DISABILITY BENEFITS (SSDI/SSI), MEDICAID ASSISTANCE-DISABILITY ASSISTANCE BENEFITS, OR COMMONHEALTH.

GOAL 1: TO MAKE TIMELY AND ACCURATE CLAIM DECISIONS IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS AND ADMINISTRATIVE PROCEDURES.

OBJECTIVES:

1. To assure timely and accurate adjudication decisions through the planning, implementing and achievement of realistic case processing goals for FY'91 - FY'95.

2. To work with the Social Security Administration and the Massachusetts Congressional Delegation to assure adequate levels of funding and staffing for FY'91 - FY'95.

3. To develop and submit a plan to SSA requesting approval for further decentralization beginning in FY'92 for Southern Massachusetts and in FY'94 for Northern Massachusetts.

4. To work with EOHS and the House and Senate Ways and Means Committees towards the development of budget language, staffing, and funding for the MADA/ CommonHealth programs in FY'91 and beyond.

5. To expand our outreach and internal capacity for providing decisions to specialty populations in immediate need (i.e., AIDS, homeless) in FY'91 and beyond.

6. To assure the accurate and timely completion of all Employee Performance Review System and Performance Management System performance appraisals for employees at all levels FY'91 through FY'95.

7. To increase the role of supervisors and regional directors in the quality assurance function at the regional level to compensate for the budget driven down sizing of the Quality Assurance Department in FY'91 and beyond.

8. To advocate with Congress for the expansion of face-to-face evidentiary hearings for all federal cases rather than the present limitation to Continuing Disability Review beneficiaries in FY'91.

9. To assure that case processing managers assume a larger community relations role in FY'91 and beyond.

10. To promote regular meetings between case processing and support managers to assure better continuity of services beginning in FY'91 and beyond.

GOAL 2: **TO PROVIDE ONGOING IN-SERVICE AND OUT-SERVICE TRAINING AND CAREER DEVELOPMENT PROGRAMS FOR ALL STAFF AND MEDICAL VENDORS DIRECTED TOWARD THE ATTAINMENT OF DIVISIONAL AND PROFESSIONAL GROWTH GOALS FOR ALL LEVELS OF STAFF.**

OBJECTIVES:

1. By October 1st of each fiscal year to have in place a written in-service training plan based upon needs identified by examiner and management staff.

2. To support examiner and management staff in timely and accurate adjudication procedures through in-service and out-service training programs in FY'91 and beyond.

3. To inform all levels of staff in a timely manner through training bulletins directed toward new procedures, policies and practices from FY'91 through FY'95.

4. To continue to inform and educate the medical community as to the purpose, needs and responsibilities of the Division of Disability Determination Services from FY'91 through FY'95.

5. To provide specialized training in the community on the determination procedures for individuals afflicted with AIDS and the homeless populations in FY'91 and beyond.

6. To work more cooperatively with the Training Department of the Central Office in the development and implementation of training programs that may prove mutually beneficial to all divisions.

GOAL 3: TO ASSURE AWARENESS AND INVOLVEMENT OF CONSUMERS, ADVOCACY GROUPS, AND PUBLIC AND PRIVATE AGENCIES OF THE OPERATIONS OF THE DIVISION FOR JOINT ADVOCACY AND EFFORTS TOWARD INTEGRATED PLANNING.

OBJECTIVES:

1. To continue to implement a community relations specialist function with the division to provide education and resolve problems of the program's constituency through FY'95.

2. To maintain the operatins of the DDS Advisory Committee to obtain input and recommendations regarding the operations of the division through FY'95.

3. To continue to advocate and inform consumer/advocacy groups and the general public of federal/state trends that will affect the capacity of the division in carrying out its mission through FY'95.

4. To conduct annual meetings with the staff of the Massachusetts Congressional Delegatin to update them regarding program accomplishments and elicit input regarding problem areas through FY'95.

GOAL 4: TO IMPROVE CASE CONTROL AND MANAGEMENT INFORMATION CAPABILITIES THROUGH THE INTEGRATION OF COMPUTERS INTO AGENCY OPERATIONS AND PROCEDURES CENTERING ON CASE CONTROL, MANAGEMENT INFORMATION SYSTEMS AND FISCAL OPERATIONS.

OBJECTIVES:

1. To implement systems enhancements throughout the DDS through FY'95.

2. To implement a fully automated Medical Evidence of Record and Personnalized Denial Notice System in FY'91.

3. To assure that all staff are computer literate by FY'91.

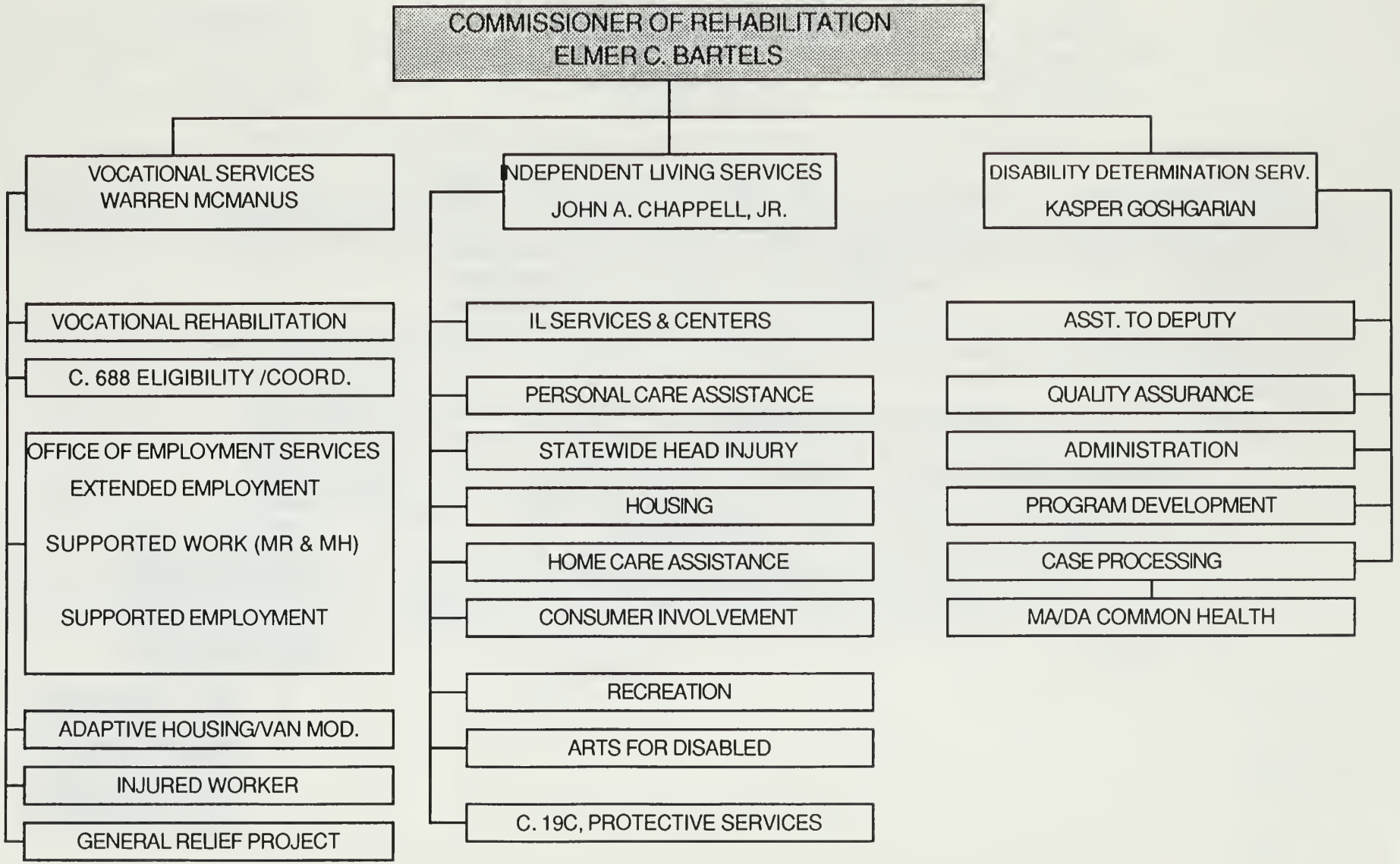
4. To implement a fully automated Consultative Examination Placement System by FY'92.

5. To integrate MMARS and DDS case processing invoice and C/E systems by FY'94.

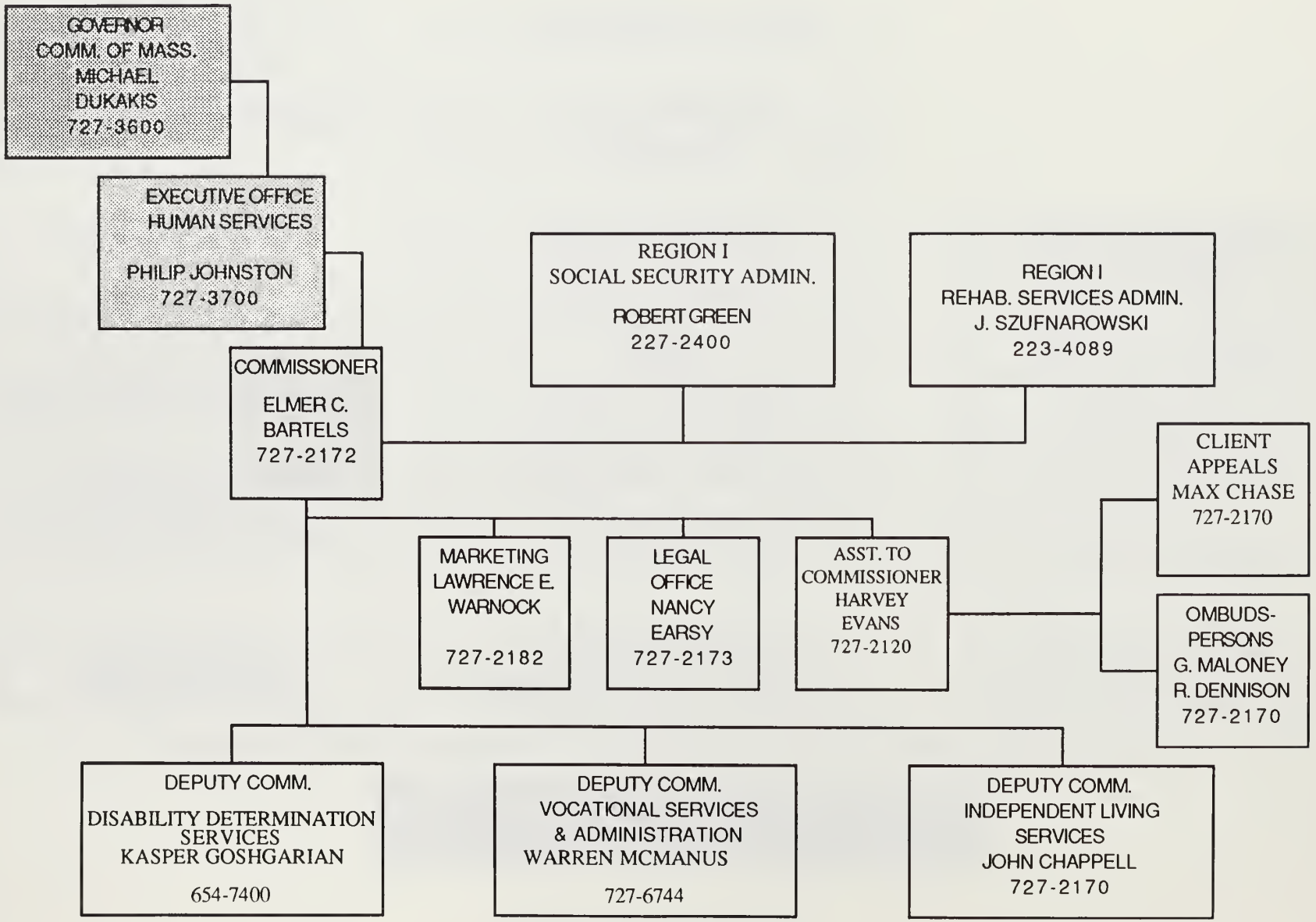
APPENDIX I

ORGANIZATIONAL CHARTS

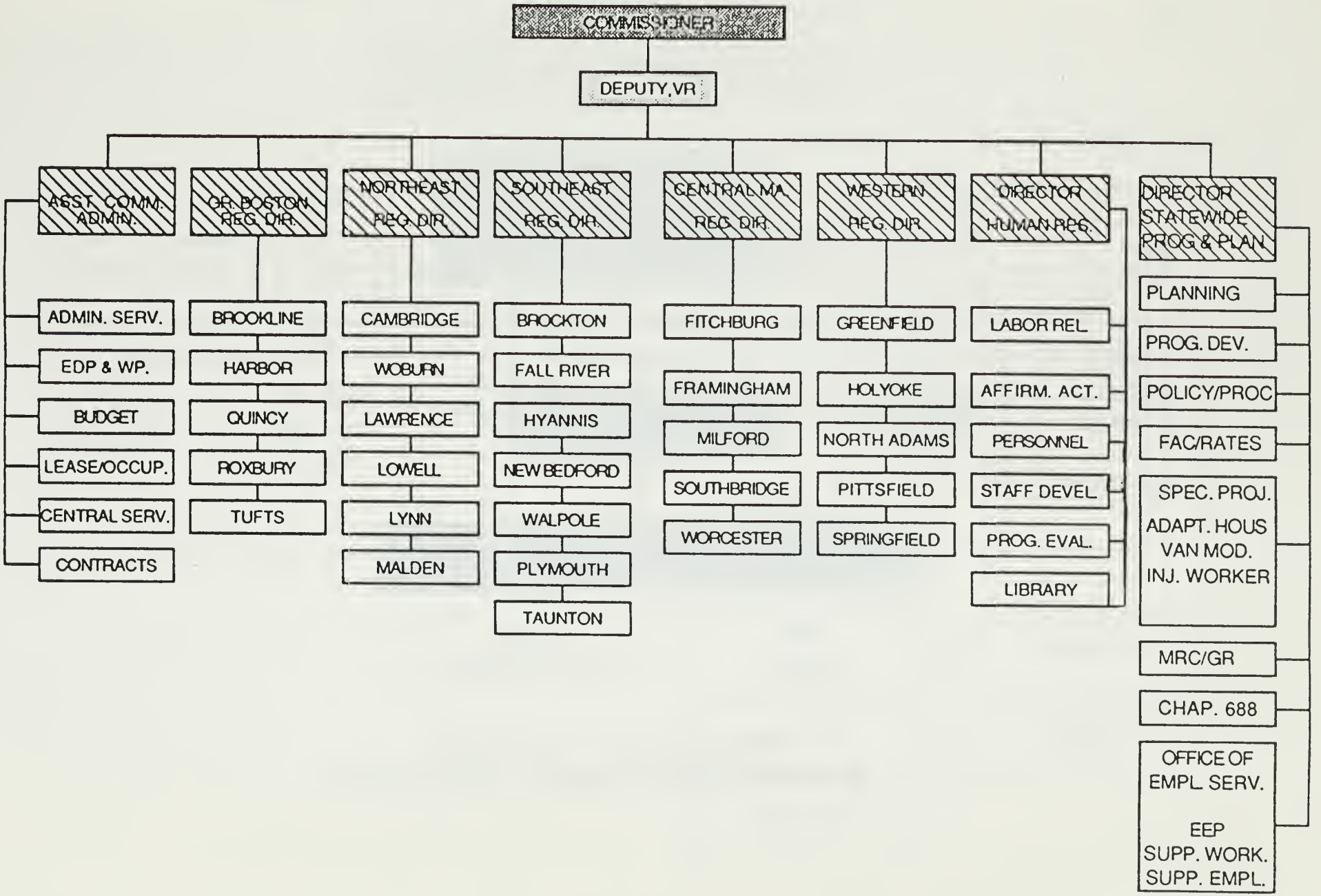
MASSACHUSETTS REHABILITATION COMMISSION
PROGRAM ORGANIZATION



MASSACHUSETTS REHABILITATION COMMISSION
COMMISSIONER'S STAFF



MASSACHUSETTS REHABILITATION COMMISSION
VOCATIONAL REHABILITATION DIVISION



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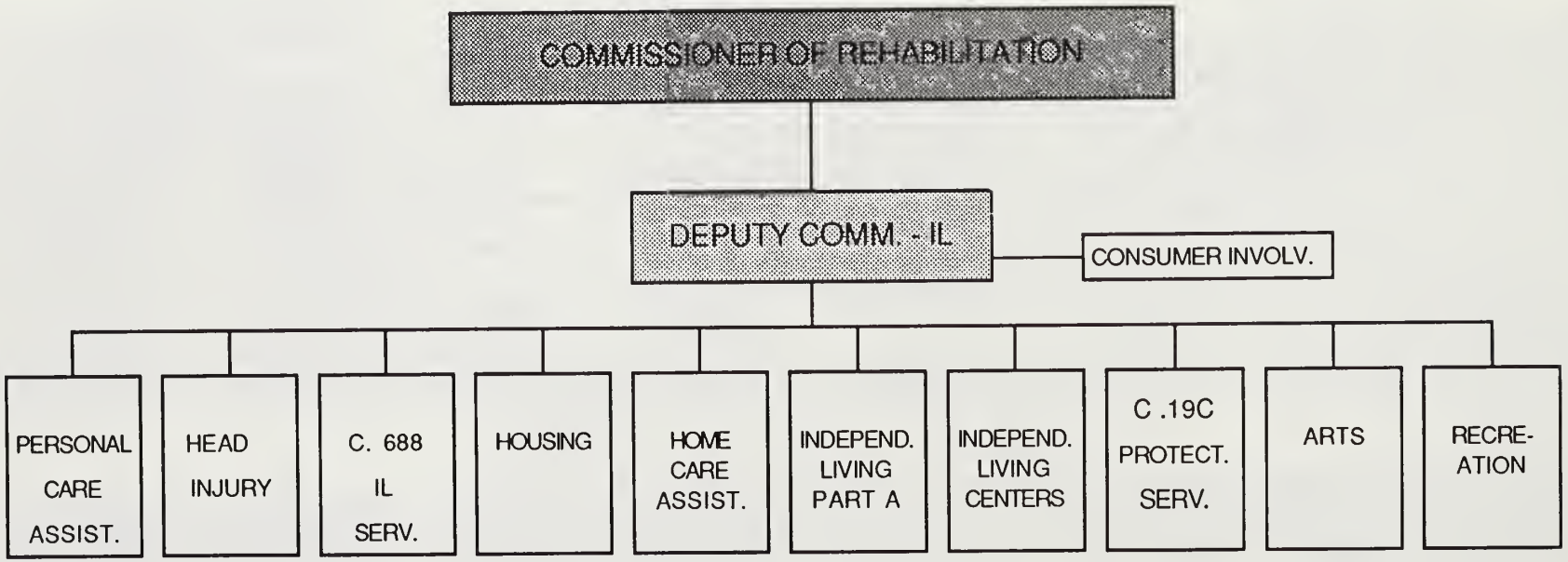
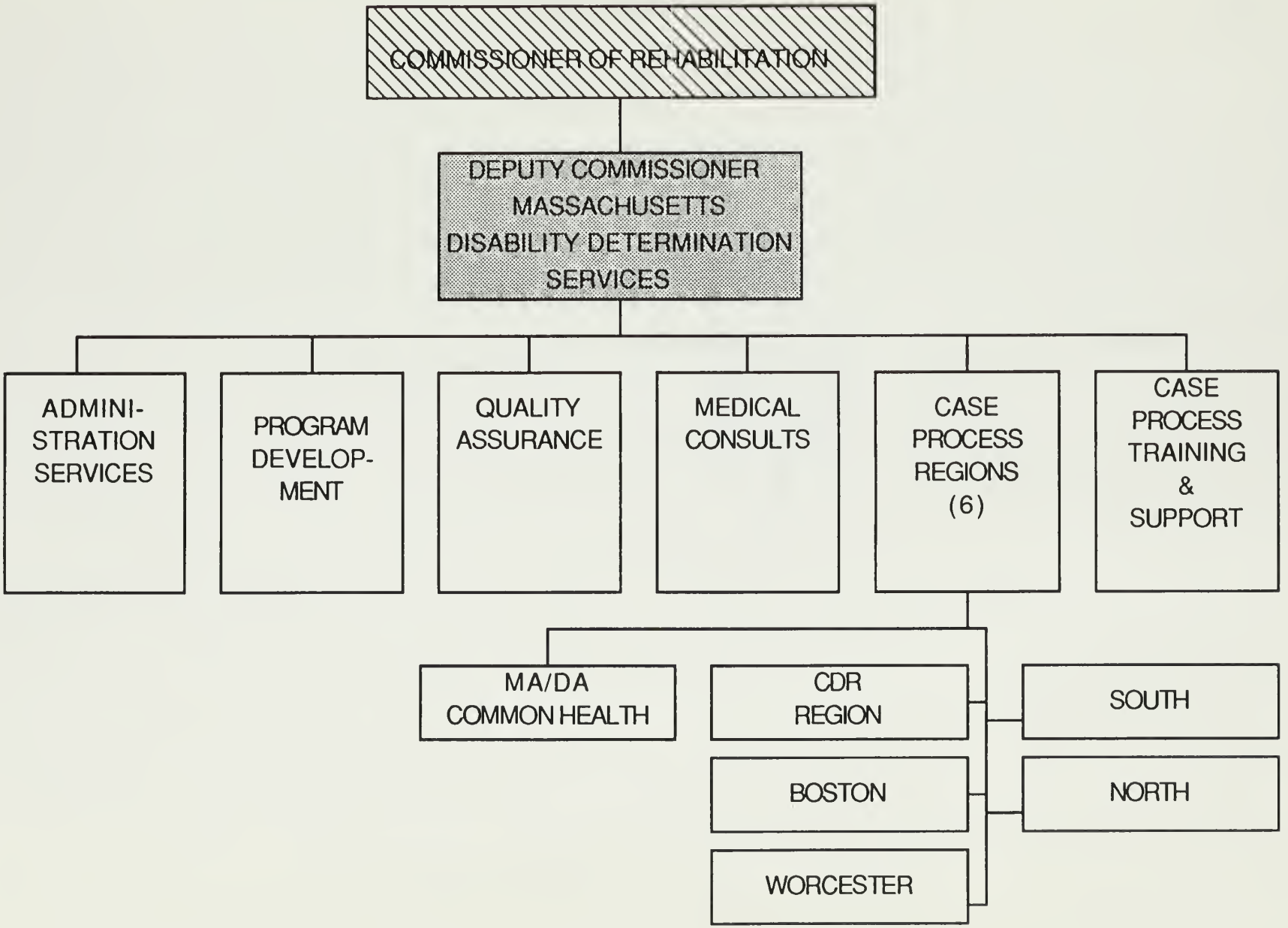
INDEPENDENT LIVING DIVISION



MASSACHUSETTS REHABILITATION COMMISSION
MASSACHUSETTS DISABILITY DETERMINATION SERVICES



APPENDIX II

BUDGET AND STATISTICAL INFORMATION

PROBABLE CONSTRAINTS/PARAMETERS

PROGRAM CONSTRAINTS FOR THE MRC VOCATIONAL REHABILITATION AND VOCATIONAL SERVICES PROGRAMS

1. It is expected that we shall continue to work with other human service providers (i.e., DMH, DPH, DPW, DSS, DES, MCB, etc.) towards the provision of rehabilitation and related services to our mutual populations. However, it is anticipated that many such providers will encounter funding restrictions that may result in possible reductions in their services.

2. It is expected that clients will continue to be entitled to Medicaid and/or CommonHealth benefits and services, if eligible.

3. It is anticipated that participation in the SSI/DI reimbursement program (PL 97-35) will result in progressively greater reimbusement payments to the DVR of the MRC.

4. The Job Training Partnership Act is authorized at a funding level being designated for full access to persons with disabilities in need of job training.

5. The Massachusetts State Legislature will continue to be very supportive in funding the client service programs and operations of the Massachusetts Rehabilitation Commission.

6. It is anticipated that the Commission staff will continue to be actively involved with community-based public and private organizations concerned with vocational rehabilitation and/or independent living. This includes involvement and joint efforts with consumers, facilities, providers, employers, and other such groups.

7. It is expected that the agency will continue to review all past and present interagency agreements for timeliness and relevance to present client needs.

RELEVANT FEDERAL AND STATE LEGISLATION/REGULATIONS

1. Recodified Massachusetts statutes relating to the Massachusetts Rehabilitation Commission (Chapter 513, Acts of 1980 amending MGL Chapter 6, Section 74-84).

2. Public Law 96-265, Social Security Amendments of 1980 and the Social Security Amendments of 1984 which decrease disincentives to work for Commission clients who are receiving SSI or SSDI benefits and revision of VR reimbursement program.

3. Continuation of the Rehabilitation Services Administration within the admnistrative structure of the Federal Department of Education.

4. The promulgation of regulations relevant to the "Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978."

5. The Rehabilitation Act of 1973 and its Amendments of both 1978, 1983, and 1986 remain intact.

BUDGET AND STATISTICAL STATEMENT

I. Basic VR Funding

The Rehabilitation Act of 1973 and Amendments of 1978 and 1983 were reviewed by Congress in 1988. PL 95-602 was reauthorized for 3 years and will have the continued support of Congress. For planning purposes we are assuming funding which may not be sufficient to cover inflation factors, projected at about 4%-6%, annually. Dependent upon the federal allotment to Massachusetts, continued, but modest adjustments will occur within the MRC-VR Program.

II. SSI SSDI-VR Funding

In Federal FY'82 and again in FY'89 the formula to receive SSI and SSDI vocational rehabilitation funds from Congress and the Social Security Administration changed to be: (basically) reimbursement to the state agency after an SSI or SSDI recipient was in substantial gainful activity (SGA) for nine consecutive months. The vocational rehabilitation division of the Massachusetts Rehabilitation Commission will participate in this 100% federally sponsored program with the knowledge that the return on investment of staff time and agency actual expense may not be fully reimbursed via the Social Security Administration.

III. Independent Living

It is predicted that federal continuation grants will continue to be received and dispensed through a Request for Proposal process. For planning purposes, we predict receipt and, Part A funding in fiscal years 1991-1995.

IV. Commonwealth Funding

The Commonwealth of Massachusetts Administration and Legislature have been fiscally supportive of the Vocational Rehabilitation Program, Supported Work, Personal Care Assistance Program, Extended Employment Program, Home Care, Housing, Recreation, Arts, Head Injury and Turning 22 (Chapter 688) Programs, and, of the Massachusetts Rehabilitation Commission receiving and administering federal grants which are part of or related to vocational rehabilitation of persons with disabilities.

V. Summary

For planning purposes, we predict the total budget to be sufficiently funded to cover most of the inflationary factors, but that will not be sufficient to serve all eligible persons in State-funded MRC Programs. There will be waiting lists for MRC programs.

We anticipate continued stabilization of the Division of Vocational Rehabilitation staffing at 545 full-time equivalents, for at least the next three years for the MRC-VR.

We anticipate maintenance of State funding levels for the Supported Work and Extended Employment Program but that there will be a waiting list.

Also, we anticipate adequate State funding for the Personal Care Assistance Program but that there will be a waiting list.

For the Statewide Head Injury Program (SHIP) we anticipate state appropriations to serve the head injured population categorized as SHIP-Priority I clients. For Independent Living we anticipate increased state support for independent living services to the deaf; and, to psychiatrically impaired clients...as well as individuals with physical disabilities, mobility impaired clients, persons designated as mentally retarded and for disabled clients requiring independent living services as part of a transitional service plan developed as the result of Chapter 688 legislation.

The other MRC Independent Living Division Programs of Home Care, Recreation, Housing and Part A and B of the IL Program will continue to grow, have waiting lists, and be part of the coordinated MRC service delivery and inter-EOHS agency public human service network.

For the Division of Disability Determination Services, we anticipate adjusted but adequate funding from the Social Security Administration to adjudicate claims and reviews for continued SSI and SSDI benefits. Client legal issues will be resolved in the Federal courts. It is very clear that the Social Security Disability Program is administered as an insurance program for very severely, permanently disabled persons.

The Massachusetts DDS also administers a State-funded Eligibility Determination Program for Medicaid-Assistance and CommonHealth benefits.

TABLE I

VOCATIONAL REHABILITATION REVENUES

VR PROGRAM REVENUES	STATE FY'90	COMMENTS ABOUT 1991-1995
Title I	$26,714,299	At least inflation factor/cost of living factor should be added, annually.
SSI/DI-VR	$ 1,272,633	Assuming full reimbursement of all costs, this should move to about $2,000,000 by 1991.
State Participation	$ 7,170,000	It is anticipated that state participation will remain at about the 24% of revenues, plus continue with the budget language on exemption on indirect and fringe benefit payments from the VR division to the state.
Misc and Liquidation Factors	$ 1,350,000	Includes predictable half-year and year-end fiscal liquidation due to changing payment voucher.
Total Revenue	$36,507,437	For planning purposes, level funding, including inflation factors is predictable.

TABLE 2

VOCATIONAL REHABILITATION EXPENDITURES

VR DIVISION EXPENSES	STATE FY'90	COMMENTS ABOUT 1991-1995
Administration	$ 5,172,481	As in the past 5 years, will increase by about 5-7% increase, each year.
Personnel	$16,940,870	Staff provide direct and administrative client services and costs will have to increase as in the labor contracts to maintain 570 full-time equivalents.
Fringe	0	Waived by the Commonwealth as part of state participation in vocational rehabilitation.
Indirect Charges	0	Waived by the Commonwealth as part of state participation in vocational rehabilitation.
Purchase of Service	$14,394,086	Will remain at about 40% of the expenses, for coupled with direct service staff expense, these line items are the basis of the program.
Group Contracts, VR Projects	($ 500,000) in pos	Through the contracting process, certain special and group projects will be funded.
Vehicle Modification/ Housing Adaptation	($ 600,000) in pos	Will grow based on state participation and support of these (non-mandated) VR services.
Total VR Expenses	$36,507,436	

Will be updated for final printing.

TABLE 3

FEDERAL FUNDING (PART 1)

PROGRAM FUNDING	FEDERAL FY'90	COMMENTS ABOUT FED. 1991-1995
A. Division of Disability Determination	$20,000,000	100 % federally funded by the Social Security Administration.
B. Independent Living	$ 200,000 (Part A) $ 686,000 (Part B)	Will continue to receive federal funding for Part B equal to real dollar FY'83 levels, through FY'89 and increasing Part A funding, plus state funding.
C. Supported Employment	$ 950,000	Will shrink back to about $500,000 in FY'90.
D. Counselor, Supervisor Training	$ 100,000	Will continue to receive federal funds at about the FY'87 level, thru 1992.

TABLE 4

STATE FUNDING (PART 2)

	State FY'90	
A. Extended Sheltered Employment Program	$ 6,226,000	Will receive funding resulting in no waiting lists by 1993.
B. Personal Care Assistance Prog.	$ 1,425,000	Will continue to receive funding resulting in no waiting list with conversions to CommonHealth.
C. Independent Living	$ 1,321,183	By 1992, the Commonwealth will have developed its policy and state funding pattern to be coupled with federal grants to assure appropriate independent living services for individuals with severe disabilities.
D. Chapter 688	$ 755,000	
E. Supported Work (Mental Retardation)	$ 1,294,102	Will continue to expand to provide supported work and supported employment opportunities to persons designated as mentally retarded and/or developmentally disabled.
F. Homemaker Chore Prog.	$ 4,000,000	Will continue to receive state funding resulting in no waiting lists by 1992.
G. Supported Work (Mentally Ill)	$ 640,000	Will contine to expand to provide supported work opportunities for persons with mental illness.
H. Statewide Head Injury Program	$ 7,138,990	Will contine to expand to serve persons with traumatic head injury, beyond Priority I, by 1995.

TABLE 5

VOCATIONAL REHABILITATION STATISTICS STATEMENT

Statistical projections for federal fiscal year (1991-1995) for the MRC's Division of Vocational Rehabilitation.

Parameter and Assumption: As long as the Vocational Rehabilitation Division is funded and staffed to at least the federal fiscal year 1989 level, the division's projection for statistical goals are as follows:

	FED FY'88 (ACT.)	STATE FY'89 (ACT.)	STATE FY'90 (EST.)	STATE FY'91-95 (EST.)	COMMENTS
Referrals	18,259	17,689	18,722	18,720	Will increase due to other agencies attempts to use VR as a similar benefit.
Applicants	12,395	13,022	13,279	13,280	Same as above. More referrals and applicants will result in more acceptances.
Acceptances	8,301	8,592	8,534	8,530	
IWRP's	7,418	7,492	7,643	7,640	This will be a major control point to assure that only persons with a VR goal and who are ready for VR are active in the VR division.
Rehabilitations	4,699	4,681	4,491	4,490	The focus is on severely handicapped persons needing multi-service over an extended period of time.
Severely handicapped rehabilitation	4,159	4,213	4,193	4,190	It is projected that approximately 90% of the rehabilitation will continue to be categorized as severely handicapped.
Served	32,812	33,411	33,895	33,900	Slightly increased case-load sizes will allow for this maintenance of client service.
Staff	590	580	560	560	

TABLE 6

DDS STATISTICAL STATEMENT OF FEDERAL FY'90 - FY'94

	FY 1989	FY 1990	FY 1991	FY 1992
A. TITLE II (ONLY)				
(1) INITIAL	12,128	12,489	12,910	12,910
(2) RECONSIDERATION	2,925	3,012	3,113	3,113
(3) CDR *	4,019	3,825	3,279	3,279
(4) PREHEARING**	97	100	103	103
(5) DEVELOPMENT REQUESTS ***	140	144	149	149
(6) DHU CASES	69	102	150	150
TOTAL TITLE II (ONLY)	19,378	19,672	19,704	19,704
B. TITLE XVI (ONLY)				
(1) INITIAL	11,941	12,297	12,709	12,709
(2) RECONSIDERATION	1,735	1,787	1,847	1,847
(3) CDR*	1,276	1,215	1,042	1,042
(4) PREHEARING **	12	12	13	13
(5) DEVELOPMENT REQUESTS ***	81	83	86	86
(6) DHU CASES	8	12	18	18
TOTAL TITLE XVI (ONLY)	15,053	15,406	15,715	15.715
C. CONCURRENT TITLE II/XVI				
(1) INITIAL	10,322	10,630	10,985	10,985
(2) RECONSIDERATION	2,135	2,199	2,272	2,272
(3) CDR *	2,001	1,905	1,633	1,633
(4) PREHEARING **	38	39	40	40
(5) DEVELOPMENT REQUESTS ***	110	113	116	116
(6) DHU CASES	25	36	53	53
TOTAL TITLE II/XVI (CONCURRENT)	14,631	14,922	15,099	15,099
D. TOTAL PROCESSED				
(1) INITIAL	34,391	35,416	36,604	36,604
(2) RECONSIDERATION	6,795	6,998	7,232	7,232
(3) CDR *	7,296	6,945	5,954	5,954
(4) PREHEARING **	147	151	156	156
(5) DEVELOPMENT REQUESTS ***	331	340	351	351
(6) DHU CASES	102	150	221	221
TOTAL PROCESSED	49,062	50,000	50,518	50,518

* Represents sum of SAOR CDR subcategories for this program.
** Represents DDS review of disability claims prior to face-to-face evidentiary hearings.
*** Represents development requests from the Office of Hearings and Appeals.